

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024043

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 243Primary Registration District No. 4364Registrar's No. 42

FILED JUN 19 1962

1. PLACE OF DEATH

a. COUNTY

Newton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN StellaLength of stay in 1b
3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Newton

c. CITY OR TOWN Granby

Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Cardwell MemorialInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
Rt. #2Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Clell

Middle

Herman

Last

Freeman

4. DATE OF DEATH

Month

May

Day

31

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-9-1903

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Road Maintenance

10b. KIND OF BUSINESS OR INDUSTRY

Mo. State Hy. Dept

11. BIRTHPLACE (City and state or country)

Wichita, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Tomas Freeman

13b. MOTHER'S MAIDEN NAME

Emma Snook

14. NAME OF HUSBAND OR WIFE

Beulah Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

2

17. INFORMANT

Address

Mrs. Beulah Freeman, Rt. 2, Granby, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Anoxia Due to

INTERVAL BETWEEN
ONSET AND DEATH
1 dayConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Medullary Tumor Due

DUE TO (c)

to Cerebral Infarction -

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at 6:30

month 6/62, to May 3/62 and last saw him alive on May 3/62
6:46 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Shewmake Funeral Home, Granby, Mo.

6-5-62

Medred Moberly

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/596730
6730

3

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9332X

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2961 15 NOV SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Floyd E. Shumaker

Licensed Embalmer No.

4923

P. O. Address

Box 218 Yancy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.